



# Unannounced Care Inspection Report

## 12 June 2018



## Glenalina Lodge Care Centre

**Type of Service: Residential Care Home**  
**Address: 607 Springfield Road, Belfast, BT12 7FN**  
**Tel No: 028 9041 2030**  
**Inspector: Alice McTavish**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care and accommodation for forty eight persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Care Circle Limited  <b>Responsible Individual:</b> Christopher Walsh	<b>Registered Manager:</b> Peter Bradley
<b>Person in charge at the time of inspection:</b> Peter Bradley	<b>Date manager registered:</b> 19 April 2018
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia MP – Mental disorder excluding learning disability or dementia MP (E) – Mental disorder excluding learning disability or dementia – over 65 years PH – Physical disability other than sensory impairment RC – A Past or present alcohol dependence RC – SI Sensory impairment	<b>Number of registered places:</b> One named individual only in category RC-SI, one named individual only in category RC-A and six named individuals in RC-DE. Two named individuals in RC-PH category of care. A maximum on eight residents in category of care RC-MP and RC-MP (E).

### 4.0 Inspection summary

An unannounced care inspection took place on 12 June 2018 from 10.00 to 18.25.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, supervision and appraisal, adult safeguarding, care records, audits and reviews, listening to and valuing residents and taking account of the views of residents, governance arrangements, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified. These related to the home's environment, the completion of an annual quality review report for the home, staff induction, the management of AccessNI information and the system of recording the management of complaints.

Residents said that they enjoyed living in the home, they liked the activities and the staff treated them very well.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Peter Bradley, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent premises inspection

No further actions were required to be taken following the most recent inspection on 9 March 2018.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, eight residents, four staff and two visiting professionals.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Two questionnaires were returned by residents and three staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, accidents and incidents (including falls), Infection Prevention and Control (IPC), NISCC registrations, residents' weights

- Equipment maintenance records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Input from independent advocacy services
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 9 March 2018

The most recent inspection of the home was an announced premises inspection. No areas for improvement were identified.

### 6.2 Review of areas for improvement from the last care inspection dated 26 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.1  <b>Stated:</b> First time	The registered person shall ensure that appropriate written induction records are completed and retained for any agency staff used in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of documentation confirmed that appropriate written induction records were completed and retained for any agency staff used in the home.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.8 <b>Stated:</b> First time	The registered person shall ensure that arrangements are made for the kitchen griddle and the slicer to be either removed or replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of the catering kitchen confirmed that the kitchen griddle and the slicer had been removed.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

##### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were used in the home. The registered manager stated that the use of agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

The registered manager and staff advised that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. A review of induction records, however, identified that whilst one member of care staff had commenced induction, any further induction was not recorded. Action was required to ensure compliance with the standards in regard to the completion of induction records for all staff.

Discussion with staff and a review of returned staff questionnaires confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory. Such assessments were reviewed by the registered manager with staff annually. This represented good practice.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of two staff files confirmed that staff were recruited in line



with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded. It was not, however, consistently managed in line with best practice; the dates of application for enhanced disclosure, the dates returned and the dates on which disclosures were reviewed and found to be satisfactory were not noted for each staff member. Action was required to ensure compliance with the standards. Advice was provided to the registered manager in regard to how such information could be more comprehensively recorded to ensure robust managerial oversight of this area.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Staff described how they received written notification from the Northern Ireland Social Care Council (NISCC) regarding the payment date of annual fees and how staff were also reminded of this by administrative staff in the home. Care staff spoken with advised that they were registered with NISCC.

The adult safeguarding policy in place was reviewed during a previous care inspection; it was found to be consistent with the current regional policy and procedures. It included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager and a review of care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. Appropriate action plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns. This was further confirmed in a discussion with a visiting professional.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was reviewed during a previous care inspection; it was found to be in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised that restrictive practices were not usually used within the home. The registered manager described how a one to one staffing arrangement had recently been employed for one resident. This temporary restriction was appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as

required. The registered manager advised that access at the front door was controlled from inside the building and that CCTV was used to monitor the exterior of the home. These measures were for the purposes of security only and residents were able to leave the home if they wished to do so.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist trust personnel and noted to be regularly updated and reviewed as necessary. The registered manager was aware that should individual restraint be employed, that RQIA and appropriate persons/bodies must be informed.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items.

The following areas, however, were noted to be in need of improvement. In one identified bathroom the waterproof floor skirting was entirely detached from the wall. The walls of the staff toilet on the first floor were cracked and in poor decorative state. In the designated smoke room, the radiator was damaged; the radiator had been used as an ashtray and had not been cleaned. Some bins were uncovered or were not of the pedal or swing lidded variety. In one stairwell, a malodour was present although the origin of the odour was not evident. Communal areas throughout the building had damaged plasterwork and paintwork. Some settees and armchairs were either worn or torn. The registered manager advised that the maintenance of the building and the furnishings were the responsibility of Radius Housing Association. Action was required to ensure compliance with the regulations in relation to the home's environment.



Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety and smoking etc.

The home had an up to date Legionella risk assessment in place dated 13 March 2018 and all recommendations were being addressed.

It was established that a number of residents smoked. A review of the care records of a resident who smoked identified that risk assessment and corresponding care plan had been completed in relation to smoking.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. The registered manager described the system in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts by the organisation's head office and share relevant alerts with staff in the home for action as necessary.

The registered manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated 12 February 2018 and 15 out of the 16 recommendations made in this assessment had been actioned. One recommendation was yet to be actioned by Radius Housing Association who had been advised of this.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis, most recently on 6 February 2018 and 8 June 2018. The records of fire drills included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Staff spoken with during the inspection made the following comments:

- "We get plenty of training and all staff get a good induction and regular supervision. We can go the manager at any time for support and guidance. The company makes sure that our NISCC registrations are tracked by head office and the administrative staff in the home. The manager also reminds us about this in team meetings."
- "We get good induction, supervision and training."

Two visiting professionals spoken with during the inspection made the following comments:

- "I find the care here absolutely great. The staff take a lot of time with the residents and it is obvious that they know the residents well and know how to make them feel comfortable. There is always plenty of staff around and the manager makes sure that everything runs smoothly. It's always a great pleasure to come into Glenalina."

- “I find that the staff in Glenalina engage well with our service and complete the documentation that I need. The manager and the staff are knowledgeable about the needs of the residents and how these are to be met. They also know how any concerns should be communicated to me. I find this is a lovely place to come into. The residents seem to love the atmosphere and having the dogs in the home to visit. There are also lots of activities.”

Two completed questionnaires were returned to RQIA from residents and three were returned by staff. Four respondents described their level of satisfaction with this aspect of care as very satisfied and one respondent as satisfied.

Comments received from a staff member were as follows:

- “Glenalina is a warm and welcoming home. The team think of our residents as part of our family. I love working here.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding and risk management.

### Areas for improvement

Three areas for improvement were identified during the inspection. These related to the home’s environment, staff induction and the management of AccessNI information.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

#### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome**

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

The home’s policy on the management of records was incorporated across several policies setting out the arrangements in place for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of the care records of three residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

The registered manager described how the home had previously used a catering company but had recently moved to an in-house catering arrangement. This gave increased control over the menus and choices for residents.

The lunch time service was observed by the inspector who noted that tables were attractively laid with good quality crockery, cutlery and glassware. The meal portion sizes were appropriate for residents and meals were attractively presented. Additional servings of food and drinks were both offered and provided.

The residents and staff reported that a varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. The registered manager advised that should residents need guidance and recommendations provided by dieticians and SALT, these would be reflected within the individual resident's care plans and associated risk assessments.

The registered manager and staff advised that should any resident require wound care, this would be managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. Any necessary referrals would be made to the multi-professional team to address any concerns identified in a timely manner.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, accidents and incidents (including falls, outbreaks) and residents' weights were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

The registered manager advised that separate representative meetings had taken place, most recently in September 2017, but that this had been poorly attended, despite being advertised in the home. The registered manager advised that he was visible to and available for residents' families; this may have accounted for the lack of attendance. In order to keep residents' representatives informed and to provide an additional activity for residents, there were plans to produce a bi-monthly newsletter.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

The systems in place to ensure openness and transparency of communication were discussed with the registered manager; a sign was to be put in place advising that visits by Registered

Provider reports, latest RQIA inspection reports and the annual satisfaction survey report were available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents. On the day of the inspection an advocate from the Alzheimer's Society was on the premises and it was evident that the service was effectively used in the home.

Two completed questionnaires were returned to RQIA from residents and three were returned by staff. Four respondents described their level of satisfaction with this aspect of care as very satisfied and one respondent as satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Staff and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. A review of care records identified that the identification and management of pain was recorded in care plans, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them, for example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included residents' meetings and visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The activities co-ordinator described how artwork by residents was included in an exhibition in the Linenhall Library and at the Belfast City Hospital. Residents had been engaged in improving the home's gardens by making decorative bird boxes and by planting flower pots and baskets. Arrangements were in place for residents to maintain links with their friends, families and wider community. There was a live link on the home's cinema sized screen to a local, week long religious event and residents were involved in the preparations for a community carnival.

Residents spoken with during the inspection made the following comments:

- "I couldn't ask for better. The staff are absolutely lovely and they couldn't do enough to help. They are cheerful and happy. I couldn't imagine living anywhere else now. I get everything done, my cooking and washing and everything."
- "This is a very good place. There are activities to do if we want it, but many people just want to sit quietly. There is plenty of food and they do the laundry and all my clothes come back, so they must have a good system. I'm happy here."
- "The staff are very good to us all. We enjoy having the wee dogs when they come into the home. They are very friendly and they are no trouble."
- "Everything's great here. I really like it."
- "The staff are very good to me."

A letter of compliment from a resident noted the following:

- "I am currently a resident in Glenalina Lodge. On a daily basis throughout the day I am in contact with other residents and staff who go out of their way to ensure all my needs are met....I have to say I am more than happy with the care, attention and heart-warming actions from staff at Glenalina.....living here is made a lot easier with ailments, pain or 'down days' with staff like this, life is more positive."

Staff spoken with during the inspection made the following comments:

- "I feel the care here is second to none. There is a great staff team who are very committed and supportive of each other, they put the needs of residents first. There has been definite improvement over the years, there are more activities and more staffing."
- "I feel everyone is treated very well, with humour and good will."

- “I think the care here is very good. All staff are very familiar with the individual care needs of the residents, their characteristics and we would be able to recognise if there was anything amiss with residents.”
- “I would describe the care here as amazing. I love our residents and can’t wait to come into work to see them. This is my most satisfying job ever. I never dread coming into work.”

Two completed questionnaires were returned to RQIA from residents and three were returned by staff. Four respondents described their level of satisfaction with this aspect of care as very satisfied and one respondent as satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the management arrangements and governance systems in place within the home and advised that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager advised that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA’s complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants and the outcome of the complaint. It was noted, however, that the template used to record the management of complaints did not provide for recording the complainant’s level of

satisfaction. Action was required to ensure compliance with the standards in this regard. Arrangements were in place to share information about complaints and compliments with staff. The registered manager advised that formal written complaints were not often received. Should more complaints be made, an audit would be used to identify trends, drive quality improvement and to enhance service provision.

The home retained compliments received, e.g. thank you letters and cards and there were systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place, reviewed during a previous care inspection, which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager described how the system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned by the organisation's head office and sent to the home where it was shared with staff.

The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents and training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered manager confirmed that information in regard to current best practice guidance was made available to staff, for example, Action on Hearing Loss was to visit the home in July 2018 to meet with staff and residents and provide advice. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, dementia awareness, management of distressed reactions, nutrition, the use of thickeners and understanding delirium.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which included timescales and noting the person responsible for completing the action. It was noted that these reports referenced The Nursing Homes Regulations (Northern Ireland) 2005; this was inaccurate as Glenalina Lodge Care Centre is a residential care home. The registered manager was advised that the details on the corporate report template should be amended to reflect the correct legislative framework.

It was noted that the registered provider had not completed an annual quality review report for the previous year. Action was required to ensure compliance with the regulations in this regard.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the



premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

The home did not collect any equality data on residents and the registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Staff spoken with during the inspection made the following comments:

- "The management is always available and they ensure that the staff duty rota runs well. Extra shifts are offered to the team first then to agency staff. The same agency staff are used. The staffing levels for the home are good and everyone knows their jobs. The manager and the deputy manager aren't afraid to work on the floor if they are needed. We get good supervision and management also uses observational supervision, watching us at work to ensure that we are doing it correctly. There is good team work."
- "Management here is excellent, very approachable and supportive."

Two completed questionnaires were returned to RQIA from residents and three were returned by staff. Four respondents described their level of satisfaction with this aspect of care as very satisfied and one respondent as satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

### Areas for improvement

Two areas for improvement were identified during the inspection. These related to the system of recording the management of complaints and the completion of an annual quality review report for the home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Peter Bradley, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (2) (b), (c), (d), (p)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2018</p>	<p>The registered person shall ensure that arrangements are put in place to secure improvements in the following areas of the home's environment:</p> <ul style="list-style-type: none"> <li>• the waterproof floor skirting in bathrooms are repaired or replaced</li> <li>• the walls of the staff toilet on the first floor are repaired and repainted</li> <li>• the radiator in the designated smoke room is repaired or replaced and this area is added to the existing schedule of cleaning</li> <li>• any bins without a lid are replaced with suitable pedal or swing lidded bins</li> <li>• the malodour in one stairwell is investigated and suitable remedial action taken</li> <li>• damaged plasterwork and paintwork throughout communal areas are repaired and repainted</li> <li>• damaged settees and armchairs are recovered or replaced</li> </ul> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All of the points noted above have been reported to the appropriate departments and are scheduled to be addressed if not already completed.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2018</p>	<p>The registered person shall ensure that a report is completed on an annual basis on the quality of care and other service provision for the residential home.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> A report has been commissioned by the registered provider and is scheduled to be completed in due course. This report will be completed annually and made readily available.</p>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23.1 <b>Stated:</b> First time <b>To be completed by:</b> 12 June 2018	The registered person shall ensure that induction records are completed for all staff who commence employment in the home.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Induction records are now completed for all new starts & placed in staff personnel file when complete. This process will be over seen by Home Management.
<b>Area for improvement 2</b> <b>Ref:</b> Standard 19.3 <b>Stated:</b> First time <b>To be completed by:</b> 12 June 2018	The registered person shall ensure that AccessNI information is managed in line with best practice and includes the following dates: <ul style="list-style-type: none"> <li>• application made for the enhanced disclosure</li> <li>• return of the enhanced disclosure</li> <li>• review of the enhanced disclosure and found to be satisfactory</li> </ul> Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> The cover sheet for staff personnel files has been amended and moving forward will include the above dates.
<b>Area for improvement 3</b> <b>Ref:</b> Standard 17.1 <b>Stated:</b> First time <b>To be completed by:</b> 31 August 2018	The registered person shall ensure the template used to record the management of complaints is amended to include a record the complainant's level of satisfaction.  Ref: 6.7
	<b>Response by registered person detailing the actions taken:</b> The complaints template used in the home is to be amended to include the complainants level of satisfaction



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